

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
 Completely fill in one circle.
 Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
 before submitting or form will be returned.

I Reporting Information

Year: 2013

Fill in circle if amendment ☒

Report Period: ☒ January/June ☐ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number: Cr Card Auth Code 288993

FOR OFFICE USE ONLY

Cjm

Amendment

RECEIVED AUG 09 2013

Amended to include SOF

II Client Information

Name: Northern Metropolitan Hospital Association

Permanent Business Address: 400 Stony Brook Court

City: Newburgh

State: New York

ZIP code: 12550

Business Phone: (845) 562-7520

Fax Number: (845) 562-0187

Third Party Beneficiary (see instructions):

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: Northern Metropolitan Hospital Association

Phone Number: (845) 562-7520

Address: 400 Stony Brook Court

City: Newburgh

State: NY

ZIP code: 12550

Compensation for current period: \$0 .00

B Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: Wilson Elser Moskowitz Edelman & Dicker, LLP

Phone Number: (518) 449-8893

Address: 677 Broadway

City: Albany

State: NY

ZIP code: 12207

Compensation for current period: \$15000 .00

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$15000 .00

IV Other Expenses (Current Semi-Annual Period Only)

A	Report in the aggregate all expenses less than or equal to \$75:	\$ 70	.00
B	Report in the aggregate all expenses for salaries of non-lobbying employees:	\$ 0	.00
C Itemize each expense exceeding \$75:			
PAID TO:	DATE: / /	<input type="radio"/> Ad	<input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached	
<input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT			
PAID TO:	DATE: / /	<input type="radio"/> Ad	<input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached	
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT			
<input type="radio"/> Continued on attached pages			
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.			
D	Total expenses for current period: \$70 .00 (if applicable, include all expenses from attached pages in total)		

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name: See Attached List
or
Single Source Person's Last Name: First Name:

Address: State: ZIP code:

City: State: ZIP code:

Phone:

Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contribution(s) Single Source #2

Single Source Entity's Name:
or
Single Source Person's Last Name: First Name:

Address: State: ZIP code:

City: State: ZIP code:

Phone:

Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☐

**NORTHERN METROPOLITAN HOSPITAL ASSOCIATION
2013 SOURCE OF FUNDING**

Contributions from Single Source	Name/Address	DATE REC'D	AMOUNT OF CONTRIBUTION
#1	Benedictine Hospital 105 Mary's Avenue Kingston, NY 12401 Phone: (845) 338-2500	06/30/2013	288
#2	Blythedale Children's Hospital Bradhurst Avenue Valhalla, New York 10595 Phone: (914) 592-7555	06/30/2013	151
#3	Bon Secours Community Hospital 160 East Main Street Port Jervis, NY 12771 Phone: (845) 858-7000	06/30/2013	278
#4	Burke Rehabilitation Hospital 785 Mamaroneck Avenue White Plains, New York 10605 Phone: (914) 597-2500	06/30/2013	423
#5	Catskill Regional Medical Center 68 Harris-Bushville Road Harris, NY 12742 Phone: (845) 794-3300	06/30/2013	325
#6	Ellenville Regional Hospital P.O. Box 668, Route 209 Ellenville, New York 12428-0668 Phone: (845) 647-6400	06/30/2013	134
#7	BonSecours Charity Health System Good Samaritan Hospital 255 Lafayette Avenue Suffern, New York 10901-4869 Phone: (845) 368-5000	06/30/2013	930
#8	Helen Hayes Hospital Route 9W West Haverstraw, NY 10993 Phone: (845) 786-4000	06/30/2013	134

**NORTHERN METROPOLITAN HOSPITAL ASSOCIATION
2013 SOURCE OF FUNDING**

Contributions from Single Source	Name/Address	DATE REC'D	AMOUNT OF CONTRIBUTION
#9	Hudson Valley Hospital Center 1980 Crompond Road Cortlandt Manor, New York 10567 Phone: (914) 737-9000	06/30/2013	402
#10	The Kingston Hospital 396 Broadway Kingston, NY 12401 Phone: (845) 331-3131	06/30/2013	304
#11	Lawrence Hospital Center 55 Palmer Avenue Bronxville, New York 10708-3491 Phone: (914) 787-1000	06/30/2013	668
#12	The Mount Vernon Hospital 12 North Seventh Avenue Mount Vernon, New York 10550 Phone: (914) 664-8000	06/30/2013	329
#13	Northern Dutchess Hospital 6511 Springbrook Avenue Rhinebeck, NY 12572 Phone: (845) 876-3001	06/30/2013	200
#14	Northern Westchester Hospital Center 400 Main Street Mount Kisco, New York 10549 Phone (914) 666-1200	06/30/2013	1,149
#15	NY Presbyterian Hospital Westchester Division 21 Bloomingdale Road White Plains, NY 10605 Phone: (914) 682-9100	06/30/2013	318
#16	Orange Regional Medical Center 60 Prospect Avenue Middletown, New York 10940 Phone: (845) 695-5800	06/30/2013	1,020
#17	Phelps Memorial Hospital Center 701 North Broadway Sleepy Hollow, New York 10591-1096 Phone: (914) 366-3000	06/30/2013	889

**NORTHERN METROPOLITAN HOSPITAL ASSOCIATION
2013 SOURCE OF FUNDING**

Contributions from Single Source	Name/Address	DATE REC'D	AMOUNT OF CONTRIBUTION
#18	Putnam Hospital Center 670 Stoneleigh Avenue Carmel, NY 10512 Phone: (845) 279-5711	06/30/2013	481
#19	Sound Shore Medical Center of Westchester 16 Guion Place New Rochelle, NY 10802 Phone: (914) 632-5000	06/30/2013	545
#20	Saint Anthony Community Hospital 15-19 Maple Avenue Warwick, NY 10990 Phone: (845) 986-2276	06/30/2013	173
#21	St. Francis Hospital 35 North Road Poughkeepsie, New York 12601-1399 Phone: (845) 471-2000	06/30/2013	528
#22	St. Joseph's Medical Center 127 South Broadway Yonkers, New York 10701 Phone: (914) 378-7000	06/30/2013	1,252
#23	St. Luke's Cornwall Hospital 70 Dubois Street Newburgh, New York 12550 Phone: (845) 534-7711	06/30/2013	576
#24	Vasar Brothers Medical Center Reade Place Poughkeepsie, New York 12601 Phone: (845) 454-8500	06/30/2013	1,171
#25	White Plains Hospital Center Davis Avenue at East Post Road White Plains, New York 10601-4699 Phone: (845) 454-8500	06/30/2013	1,237

VI Subjects lobbied:

Budget, Regulatory and Legislative Issues Pertaining to Healthcare and Hospitals

☐ Continued on attached pages

VII Person, State Agency, Municipality or Legislative Body lobbied:

New York State Executive and Legislative Branches of Government

☐ Continued on attached pages

VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

A1085, A1197, A1217, A1988, A2365, A2691B, A3285, A4729, A5146, A6571, A7257A, A8001, A8010, S131, S1772, S1988, S2079, S3691A, S3926A, S4215, S4414, S5256, D5333, S5784, S5834, S2600B, A3000B, S2601/A3001, S2602/A2602, S2603B, A3003B, S2604B, A3004B, S2605B, A3005B, S2606B, A3006B, S2607B, A3007B, S2608B, A3008B, S2609B, A3009B

☐ Continued on attached pages

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

None

☐ Continued on attached pages

IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

None

☐ Continued on attached pages

X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

None

☐ Continued on attached pages

XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE: 

DATE: 8/6/13

PRINT NAME: LAST Dahill

FIRST Kevin

TITLE: President & CEO

Mark One: ☒ Chief Administrative Officer ☐ Designee(Attach Letter)

The following MUST be attached to this report at the time of submission:

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to **\$25** for each day this report is late.